FOR STATE HEALTH DEPT. P.M3 Page IO DEPUTY MESTCAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is 'pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta ar

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MEDICAL	EVAMILIATE 2	CENTIFICATE	VI	PLAIII

	- 12		et a				
-	20	1	5	0	R	Q	
5	-	-Au	U	4	0	0	
)	IN	77					

	20000)	arn
1.	PLACE OF DEATH	Set Early	2. USUAL RESIDENCE (Where	e deceosed lived, if institution	
	o. COUNTY - Albot	MARYLAND	o. STATE DRY	LAND 6. COUNTY	CAROLINE
		TH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL	ond give nearest town)
	write RURAL and give nearest town	41 min	DEN'		A5-4
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	40 min	d. STREET ADDRESS	100	e. IS RESIDENCE
-	M	oddress)	d. SIKEEL ADDKESS		ON A FARM?
	Memorial				YES NO W
3.	NAME OF PECEASED	Middle	1 Lost 4.	DATE Month	Doy Year
	(Type or print) HARRY	IASON 1	4/15 TON	OF DEATH	- 11-1967
S.	SEX 6. COLOR OR RACE 7. MARRIED NE	EVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED I	DIVORCED	SEPT 5. 192	Jost birthdoy)	Months Doys Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU	ISINESS OR	11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT
	ring chost of working life even if retired) INDUSTRY	P	10.0		COUNTRY
11	FATTER'S NAME		14. MOTHER'S MAIDEN NAME	u	V=3/01
13		W			1
L	121/14 01/		W & 144T	62AM &	\sim
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE es, np, pr unknown) (If yes give wor pr-dotes of service)		INFORMANT	and a Address	1 0
1,,	es, ru, prolikitowity (it yes give work addres of service)	V	vs. Harry (ellaton.	entos
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b),				INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY: ACUIC LETE	ventrici	ular dilatio	n due to p	hy - ONSET AND DEATH
	4 200 DUE TO	37.11			20 min
	Conditions if any which gave a Arteri	scl rot!	le Heart Dis	86886	5 yrs
	rise to immediate couse (o),				2
	storing the underlying couse ? his of all	cy of Ani	gina Pectori	C	
N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO
I E	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HC	W INJURY OCCURRED.	(Enter noture of injury in Port	l or Port II of item 18.)	
E	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCC	CURRED 20e. PL/	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
MED	Hour o.m. While No		tory, street, office bldg., etc.)		
	p.m. Ol work 🗀 Ol	work U			
	21. I certify that I taak charge af the remains de			nspection z , Inquir	
	death resulted fram: Natural couses 1, Ac	cident [_], Sui	cide, Hamicide	, Undetermined man	ner
1	ACTUAL 1		CHIEF MEDICAL EXAM	MINER	OO DATE SIGNED
	SIGNATURE / LES STEERER	1	M.D. ASSISTANT MEDICAL	EXAMINER	11/11/67
	EXAMINER'S	1	DEPUTY MEDICAL EX		
	NAME (Type) Harold B.Plummer 1	[.D.	Address (Street, city	r, town, or county) Pres	ston Caroline
29		IAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	(County) (Stote)
IV	REMOVAL (Specific Nor. 14 467)	4) ent	on l	1) enton	Car, hid
7	4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY	REGISTRAR 967 25b. REAK	STRAR'S SIGNATURE
	Marles Marko 1) a	Stan De	DATENOV	16 196	Land Some
			I PAIL		V

VR A15ME (5) 6M 1/67

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department

Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

necessary, please execute the certificate, writing the ward

by the funeral Pages 1 and 2

er death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

5997

CERTIFICATE OF DEATH

15989

		PLACE OF DEATH			e deceased lived, if institution: Residence	ce before odmission)
	0	COUNTY TO 16 +	444 500 4445	a. STATE	b. COUNTY	20/10/
	-	1001	MARYLAND	MHCH	na CHI	COLLINE
	0	o. CITY OR TOWN (If outside carporate limits, write RURAL and give hearest town)	c. LENGTH OF STAY IN 1b		carparote limits, write RURAL and give	e nearest tawn)
		Elston	13 days	RURAL GO	dsboro	05-2
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
78		Memorial Hos	pitel	Route #	1. Box 215 B	ON A FARM? YES NO NO
		NAME OF First	/ Middle /	Last 4.	DATE Manth	Doy Year /
		DECEASED Type or print) Amanda	Nano the	derson	OF DEATH	10 1967
	S. S		□ NEVER MARRIED □	8. DATE OF BIRTH	9. AGE (In years IF UNDER)	
	6	1 1/21		atober 14 188	last birthday) Manths	Days Haurs Min.
	17	EMALE White WIDOWED		2.2001		775 05.14114.7
	10a.		KIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto		IZEN OF WHAT
	duil	With E	NDUSTRY SOME	KENT COUNTY	DELAWARE (X	15. H
M	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAMI		
		John AndERSON		Amada =	JANE DAVIS	
			SOCIAL SECURITY NO. 17. I	NEORMANT DANS IN	Adamss 1	1, BOX 215B
	(Yes	s, no, or unknawn) (If yes give war ar dates of service)	21-24-4101-A MA	- Maril - 1		- 44
	-			S, VIOIGET E.	workson Coldsb	oro Mid,
		18. CAUSE OF DEATH (Enter only one cause per line for PART 1. DEATH WAS CAUSED BY:				ONSET AND DEATH
971		IMMEDIATE CAUSE (a)	plumin,	unknown or	regize	2 months
		0534 DUE TO			0	
		Canditians, if any, which gave) (b)				
		rise to immediate cause (a), (
		stoting the underlying couse				
		(1	TO DELTH BUT HOT DELLTED TO 1	THE TERMINAL DISEASE CONDITION	OU ONEN IN DAPT I/)	19. WAS AUTOPSY
^	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITT	ON GIVEN IN PART I(a)	PERFORMED?
of	CERTIFICATION	mahnetulen a	Menoreline	40		YES NO
	I I		ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I or Part II of item 18.)	
3	ਲ	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
Н			INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City ar tawn) (Cau	unty) (State)
(8)	MEDICAL	Haur a.m. Whil		ary, street, affice bldg., etc.)	zoi. (city di fatti)	unity) (Sidie)
33	2	p.m. 19 at wa				
74		21. I certify that (I) (this hospital) atter	nded the deceased fram_	10-29,19	17, ta 11 - 10, 196	27, that (I) (we) last
н		saw the deceased alive an	9 19 67, and that	t death accurred at 🏖	M, fram causes and an th	ne date stated abave.
		220. SIGNATURE	20	ATTENDING MED		ATE SIGNED
		Styphen)	Carnes CM.	D. PHYS. PHYS.	ECTOR PHYS. //-	-11-67
		22c. PHYSICIAN'S	11	22d. ADDRESS	163 03 (03	
1		NAME (Type) Stephen P. Car	rgey, M.D.	Easton,	Md. 21601	
1	23a	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATOR . I	23d. LOCATION (City or Tawn)	(Caunty) (State)
1	-1	BURIS (Specify) Nov.13,1967		Id (Enetery)	1 e Hospille OA	a. Md
1		FUNERAL DIRECTOR		25- DECEMBER	REGISTRAR CZ 2Sb. REGISTRAR SAS	ICNATING.
(4	FUNCTURE PIRECEIAN AS IS A B	ADDRESS	and white	4 1967	The state of the s
1	7	12. 1000 HAI - 19100 1 20	17, whenever	DATE DATE	- 4	y

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 12 haurs after death. VR A15 (4) 25M 1/67

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15998

MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS 301 W PRESTON STREET, BALTIMO CERTIFICATE OF DEATH

: 212	CERTIFICATE OF DEATH						
deoth and deoth	XX		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission)			
and a		(O. COUNTY TO THE MARYLAND O. STATE AND B. COUNTY TO STATE OF THE PARTYLAND B. COUNTY TO STATE OF THE P	307			
s after deot the funeral ages I and s after deat)	1	D. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
nours after by the fu pages I hours after			write RURAL and give nearest town) 12 Res. FASTON	20-1			
ho ho		(I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE			
ithin 24 filled on pulpe within 24	78		Memorial Hospital CHAREL KOAD	ON A FARM? YES NO			
5 000			NAME OF First Middle Lost OF Price Month OF DEATH	Doy Year			
nplet car vent,		S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER)	YEAR IF UNDER 24 HRS.			
e execut and com remove n any ev			WIDOWED DIVORCED June 12, 1894 (3 yrs. Months)	Doys Hours Min.			
n an se re din c			ng most of working life, even if retired) , ANDUSTRY ,	ZEN OF WHAT			
icate b		13	FATHER'S NAME MGR OIL LISTRIBLY OF ALBOT MARYLAND OF	1.04			
ne death certificate b attending physicion permit. Then pleose ian, or removol, and i	1		BENJAMIN A. BLADES MARY ELIZA SHELDON				
anding nit. The		IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	No			
attendi permit. an, or r		_	SHELDONS, BLADES OF EAS				
thot the d an. by the att ransit per			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH			
that than the by the transit cremati	17		IMMEDIATE CAUSE (o) 176071 FOLLOWS				
S'S TO '			Conditions, if ony, which gove) (b) Calcific Sportic Sterosis				
physici physici signed burial-i burial-i			rise ta immediate cause (o),				
			stoting the underlying couse (c)				
2 C 2 S.S	25		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY			
the party	-1	CERTIFICATION		PERFORMED?			
IAN: ol or icote for u Heali		TIFIC	20o. ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)				
ospit certif hed it. of			OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
H P P		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. While Not While fortoy, street, office bldg, etc.) 20f. (City or town) (Cou	nty) (Stote)			
NG P y the e det ote D		ME	Hour o.m. p.m. 19 While of work of work foctory, street, office bldg., etc.)				
NOI NOI Ad p				_, that (I) (we) last			
ATTE stoine TOR shoul	M		226 DA	TE SIGNED			
E SE SE			M.D. ATTENDING MED. STAFF DIRECTOR PHYS. D	VOV 6%			
nay Pal Pal Pal Pal Pal	1		22c. PHYSICIAN'S NAME (Type) E.C. H. Suhmidt 22d. ADDRESS Captur, Man	lungh			
Poge 4 r FUNER director, should b		230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	County) (Stote)			
Pog O F dire	5		REMOVAL (Specify) 41-11-67 Wardlern mem Park Eastern T.	4180T MX			
· ·	28	24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIL				
VR A15 (4) 25M 1/67	DV		William Pate NOV 1 3 1967 och	ulas Judge			

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15999

CERTIFICATE OF DEATH

15991

	こしつつつ			CERTI	FICAL	E OF DEATH		-	0002
o. COUR	OF DEATH NTY TALL	907		MA	RYLAND	o. STATE Marylan	Where deceosed lived, if institution b. CO	Careli	no
Write	OR TOWN (If outsi	nearest town)		c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If ou DENTON	tside corparote limits, write R	URAL ond give	05 2
1	emorial	INSTITUTION (If not i	n hospitol, gi	ve street oddress)		d. STREET ADDRESS	3rd Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEAS (Type o	SED ir print)	Rayn	rond	Edwa		Brown	OF DEATH	onth /	Doy Year 10 19 6
S. SEX Male	No.	gre	WIDOWED	NEVER MARRI DIVORC		B. DATE OF BIRTH June 1,1892	9. AGE (In years 75ast birthdoy) yrs.	IF UNDER 1 Months	Doys Hours Min.
10o. USUAL during nos	OCCUPATION (Give to two king life, even	kind of work dane en if retired)	10b. KIN	ND OF BUSINESS OR DUSTRYN • 1		Ridgely, Ma			IZEN OF WHAT
13. FATHE	R'S NAME Artemus	Brown				14. MOTHER'S MAIDEN N	oy family		
15. WAS D (Yes, no, or	PECEASED EVER IN U.S runknown) (If yes	5. ARMED FORCES? give war ar dotes of s	ervice) 16. S	OCIAL SECURITY NO. 3-12-5411		INFORMANT amily 111 No.	th 3rd St, D	dress	Maryland
18. C	PART I. DEATH WAS	nter only one couse CAUSED BY: IMMEDIATE CAUSE (o	per line far	(a), (b), and (c).)	elint	mfarcte			INTERVAL BETWEEN ONSET AND DEATH
	201 tions, if ony, which	DUE TO		0		0		9.34	
	g the underlying	e (0), (DUE TO							
PART	II. OTHER SIGNIFICA	int conditions con Dialiet		DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)		19. WAS AUTOPSY PERFORMED? YES NO
OR CO	CCIDENT WAS UNDER INTRIBUTING CAU HER, NOTIFY MEDICA	SE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter nature af injury in I	Port I or Port II of item 18.)		
WEDICAL 20c.	TIME OF INJURY Mo Hour o.m. p.m.	onth, Doy, Yeor	20d. IN While	JURY OCCURRED Not While of work		ACE OF INJURY (Hame, farm ctary, street, office bldg., etc.)		(Cou	inty) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram								
	220. SIGNATURE ACTION DIRECTOR DIRECTO								
	PHYSICIAN'S NAME (Type)	Stephen	P. Car	rney, M.S	3.	22d. ADDRESS Easton,	Md. 21601		
	AL, CREMATION, WAT(Specify)	23b. DATE THERE Nov.18,		23c. NAME OF CE		Ceme tery	23d. LOCATION (City or Hillsbere ((Caunty) (Stote)
24. FUNE	RAL DIRECTOR	61,) 1	ADDRESS	19	25a. RECT		REGISTRAR'S SI	GNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 and 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4)

10001 deader Min Hattin Life Charles and the service of the servi Market Contact THE RESERVE THE PERSON ing-serin young his manusarial, water, maphini

FOR STATE HEALTH DEPI. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta any delay is ith the State Department of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 v Wealth priar ta burial, crematian, ar remaval, and in any event within 72 hours after death. necessary, please execute the certificate, writing the ward

VR A15ME 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4	200	0	-	0
i	0	3	3	2

		1()								
	PLACE OF DEATH a. COUNTY	1 01	1				Where deceased lived, if institution b. COUNT		are admissian)	
	d. COUNT	la llo	1	MARYLA	ND	o. SIATE Maryla	nd	Talb		
	b. CITY OR TOWN (I	outside carparate limits, give nearest town)		c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If au	tside carparate limits, write RUR/	L and give near	ast town)	
	Cast	The same		/	\cap	Easto	n		2-0-	/
	d. NAME OF HOSPITA	L OR INSTITUTION (If not	in haspital,	give street address)	11	d. STREET ADDRESS			e. IS RESIDEN ON A FAR	
	Tille	Jarial	Y	aspila	1	200 Glen	wood Ave.) X
	NAME OF DECEASED (Type ar print)	Samue	P	Middle	E	obb-	4. DATE Manth OF DEATH	2800	Year 19 (7
	SEX	0.00	7. MARRIED	NEVER MARRIED	X	8. DATE OF BIRTH	9. AGE (In years Jast, birthday)	Manths Days		4 HRS Min.
M	lale	Negro	WIDOWED	DIVORCED		12/22/54	13 yrs.	mullis Days	110015	MIG.
	a. USUAL OCCUPATION ring mast af warking I	(Give kind af wark dane		KIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN C		
uui	Stude			None		Jacksonvi	lle, Florida	COUNTRY	A	
13.	FATHER'S NAME	1t Cobb				14. MOTHER'S MAIDEN N	NAME			
	Rooseve					Anna Mae	Caldwell	1100		
15.	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates af		. SOCIAL SECURITY NO.	17. I	NFORMANT	Addres	Easto	on, Md	
N	O	(ii yes give wat at aates at		None	Mr	s. Anna C	obb,200 Gler	A boom	lve.	
		ATH (Enter anly ane cause	e per line fa	or (a), (b), and (c).)		, tal	2		TERVAL BETWE	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	1 2	nu shot u	Ma	ud IKIK	own peck	1	INSET AND DEA	IH
	9190	DUE TO							7/1-11	
	Canditians, if any,							0.51		
	rise ta immediate	cause (a), (
	stating the under	lying cause (10		
	PART II. OTHER SIG			TO DEATH BUT NOT RELAT	FD TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)	19	9. WAS AUTOPS	Y
TION							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		PERFORMED NO	-
Z E	20g. EXTERNAL CAI	JSE WAS	1 20h D	DESCRIBE HOW INJURY OCCU	JRRFD.	(Enter nature of injury in I	Part I ar Part II af item 18.)		113	
CERTIFICATION	20a. EXTERNAL CAI PRIMARY Or CON CAUSE OF DEATH.	ITRIBUTING 🗆	200. 0	PERCENCE HOW HOOK! OLL	JANED.	(Line) here at more in	ran ran nan nan nan ran			
		RY Manth, Day, Year	20d	INJURY OCCURRED 1 2	Ne PI A	CE OF INJURY (Hame, farm	20f(City or town)	(County)	- (Ste	ate)
MEDICAL	- House IIII	-/1	7 While	e Nat While		ary street, affice bldg., etc.)		Tieht	heen	10
			di wa	irk at wark		Laure-	CASIAL		7	-
			-	mains described abo			Inspection Inqui	and the same of th	nd in my ap	inia
	deoth result	ed ram: Natural	causes [, Accident	Suic	ide 🔲, Hamicide		nner		
	ACTUAL /	/1. X. O	/			CHIEF MEDICAL			22. DATE SI	GNED
	SIGNATURE	lless Irs &	anus	Ren			ICAL EXAMINER	30 Nov6		011120
	EXAMINER'S NAME (Type)	HURSTON	HAL	REGON			L EXAMINER , city, tawn, ar caunty)	JUNION 6	/	
230	a. BURIAL, CREMATIO			23c. NAME OF CEMETE	RY OR			in) Ifound	ty) (Stat	(0)
	BUPEMOVAL (Specify)			Williamsb			Near Eastor	i-Taibo	t-Md.)
	4. FUNERAL DIRECTOR		-	Eastern, M	-		BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNATU	URE	1
	Barbar		1077	.426 Dove			MOOT M	harles	Judge.	
	- WI Dal	or Tre Davil	TCTT	· 450 DOVE	. 0	U.	U 4 10011 /	/	1	

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	16001	CERTIFICATE	OF DEATH		19983
	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (When	re deceosed lived, if institution b. COUNT	/
_	o. CITY OR TOWN (If autside carparate limits,	MARYLAND c. LENGTH OF STAY IN 1b	CITY OF TOWN IN	e carparate limits, write RURA	1ALBOT
	write RURAL and give nearest town)	C. LENGTH OF STAT IN 18			L ond give nearest town)
	L HOT	BN SAH,	I-ASTO	N	L of preinface
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	aspitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Memorin	trespita)	2035 MAI	VSANUT	YES NO L
	NAME OF DECEASED First T	BARBARA C	omegus 4.	DATE Manth OF DEATH (Day Year 1967
S. :		ARRIED NEVER MARRIED 8	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
-	T W WIE	DOWED DIVORCED	4019 1895	ast birthday)	Months Days Haurs Min.
10o. duri	USUAL OCCUPATION (Give kind of work done ng mast of working life, even if retired)	OWAL HOME	11. BIRTHPLACE (County & Sto	ote, or foreign, country)	12. CITIZEN OF WHAT
13.	FATHER'S NAME	SWK 1101/15	14. MOTHER'S MAIDEN NAM	8	110.11
4	ENRY GERSTMYER		ELIZABIETH	P	
15.	WAS DECEASED EVER IN ILS ARMED EDROES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Ye	s, no of unknawn) (If yes give war ar dates af service	(e) Ho.	G		ASTON MO
	1B. CAUSE OF DEATH (Enter only one couse per		SPITALATECO	710	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Massure with	on the	hours beaut	ONSET AND DEATH
	3 3 / V IMMEDIATE CAUSE (o)	masses and	cucunc	rueman suge	- Dragoi
	Canditians, if any, which gave) (b)	Maria de ace	fil 6. h. t	(x	(3)
	rise to immediate cause (o), DUE TO	count en a	The agreet	M HAL	- /
	stating the underlying cause (c)	Cere hear la Ther	as clivaris		(3/
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Port	I or Port II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Haur o.m. p.m.		E OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this haspital) saw the deceased alive on	attended the deceased fram	death occurred at 1		, 1967, that (I) (we) last nd an the dote stated above
	220. SIGNATURE House I'm Harris	M.D	ATTENDING MED PHYS. DIR	D. STAFF PHYS.	22b. DATE SIGNED 18 how 47
	22c. PHYSICIAN'S NAME (Type) THURSTON	HARRISON	22d. ADDRESS	un Messy &	and
230	REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	0	23d. LOCATION (CRY or Town	n) (Caunty) (State) TALBOT MB
24	FUNERA DIRECTOR	ADDRESS S	2So. REC'D BY		ISTRAR'S SIGNATURE
1	Willi End	But n	DATE NOV	1 m m ((m)	harles Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-travis, after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death

the funeral

FESSET. and the second section in 16002

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filed in by the funexaldirector, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removol, and in any event, within 72 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34-hours after death

Poge 4 moy be retained by the haspitol ar ottending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1.	PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceased lived, if institut	ian; Residence b	pefare admission)
	a. COUNTY	DV DV STORY	a. STATE	f b. COUN	T. C. VIV	1
	TAlbol	MARYLAND	MHILL	IHNA	WEEN	17-11-0-0
	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If ou	side carparate limits, write RUF	₹Al ond give ne	earest town)
	write RURAL and give nearest tawn) Faston	4 days	(15)	75.016		17=2
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in		d. STREET ADDRESS	REVITOR		I e. IS RESIDENCE
	d. NAME OF HOSPITAL OK INSTITUTION (II hall in	naspiral, give street address	G. SIKEET ADDRESS	\wedge	01	ON A FARM?
	Memorial Nosp.		114 5,	COMMERCE	74	YES NO
	NAME OF First	Middle	Last	4. DATE Mont	h	Day Year
	DECEASED (Type or print)	ed SEWARD	Dewina	DEATH MON.	7	1 1967
_	1011	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	I IF UNDER 1 YE	
				last hirthday)	Manths Do	
Z	EMALE White "			10 87 Yrs.		
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County)	& State, or foreign country)		N OF WHAT
JT	ing mast af working life, even if retired)	INDUSTRY	(EMPEVILLE	WH(r, Md	COUN	KIES A
3	FATHER'S NAME	1401/125	14. MOTHER'S MAIDEN N	IAME		
	/) 110		1 1/2	n M'IC		
		PARd	LIOTTIE	H. 111164		
S.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Husba	Addre	SS	- 51
(16	es, no, or unknown) (If yes give wor ar dotes of serv	214.32.6616-BT.	Edmuid De	WIND CENTRE	nmercu	
-	NO		CUTIONA DE	MING CENTRE	ALLE	11d. 21617
	1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	er linertal (o), (b), and (c).)		11/	1/1	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	13 NOWELD DIE	14-101712	71. 10Wes 10	100	ONSET AND DEATH
	5/5 X DUE TO	^ / /	0 0			
	Conditions, if any, which gave) (b)	PON- Nela	1 morel	11		
	rise to immediate cause (a)	1240 2 2010	00			
	stating the underlying couse DUE TO					
	last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
CERTIFICATION		The state of the s				PERFORMED?
5		1				YES NO
	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Port I or Part II af item 1B.)		,
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
3	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm	20f. (City ar town)	(County	(Stote)
MEDICAL	Haur a.m.		tory, street, affice bldg., etc.)		(coom)	(31010)
-	p.m. 19	at wark at work				
	21. I certify that (1) (this Maspital	1) attended the deceased fram		9, ta	. 19	, that (I) (we) la
	saw the deceased all e on		t death occurred at	4:35 A M, from couses	and an the	date stated abov
	220. SIGNATURE		T doom occomed an	71 117 110111 1100000	22b. DATE S	
	220. SIGNATURE	1 6	ATTENDING	MED. STAFF	7/1	101/ 1- T
	corre	M.	- 111101	DIRECTOR PHYS.	1/1/0	000/
	22c. PHYSICIAN'S	C. L/4	22d. ADDRESS	to 11.	1.	
	NAME (Type)	7817177101	Con	un, Ivido	north	-
30	BURIAL, CREMATION, 23b. DATE THEREOF	F 23c. NAME OF CEMETERY OR	CDEMATORY	V23d. LOCATION (City or To	un) (Co	unty) (State)
-	TREMOVAL (Specify)	LA NULL ALLA	The state of the s	Le Location (City of 10	000	Mal
1	30 FIB-1	67 Chesterfield	CEMETERY	LEMKEN ! (E)	し、ス、ム	0, 1110,
24	FUNERAL DIBICTOR)	() (ADDRESS)	2So. FEC'D	BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNA	ATURE
						A.
-	book - 1 Krissel, Bluma	on stor Centralla	MW DATENO	V 1 3 1967 2	Charle	1 Judge

CECUZ CANCER WAS ARRESTED AND ARRESTED STORY OF THE STORY 73351 the state of the s A Thin which that have a bridge of the

R STATE		16003 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	10995
DEPT.	C	LACE OF DEATH COUNTY TAILOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residue of STATE b. COUNTY b. COUNTY	ABOLINE
State Department		CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CALLENGTH OF STAY IN 1b A A A NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	c. CITY OR TOWN (If autside carparate limits, write RURAL and BODELY Rule) d. STREET ADDRESS	BAL 05-2
g 99		Memorial Hosp		ON A FARM? YES NO
with the St	0	AME OF First Middle FECEASED YPE or print) Clarence	Fisher DEATH NOV	6 19 6 7
oth.	S. S	M C WIDOWED DIVORCED	4-2-9-1898 69 yrs. Manth	
urs ofter deoth	10a. durii	USUAL OCCUPATION (Give kind of work dane g most of working life, even if retired) ABOPE 10b. KIND OF BUSINESS OR INDUSTRY ONE	11. BIRTHPLACE (State or foreign country) 12.	COUNTRY?
within 72 hours o	13.	JOHN WESLEY FIS BER	SUSIE SIM	DSOA
hin 72		WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor ar dates of service) 16. SOCIAL SECURITY NO. 17. I	MAGGIE FSHER	BiDgELINZ
event wit		M. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) Acute Pulmonary	7 Edema	INTERVAL BETWEEN 4 ONSET AND DEATH
in ony		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause	The second second	3 yrs
removol, and	-	lost. (c) Hypertensive Art PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	teriosalerotice Heart Di	19. WAS AUTOPSY
3	CATION	loss of lomer rightleg		PERFORMED? YES NO
5	CERTIF	200. EXTERNAL CAUSE WAS PRIMARY G CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I ar Part II af item 18.)	
	MEDICAL		CE OF INJURY (Hame, farm, 20f. (City or town) lory, street, affice bldg., etc.)	(Caunty) (State)
-		21. I certify that I taak charge of the remains described above, he		
to buriol		death resulted from: Natural coases, Accident, Suic	ide [], Hamicide [], Undetermined manner CHIEF MEDICAL EXAMINER []	
101	3	SIGNATURE CELLEY LEMMINE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED 11/8/67 n Carpline
Heolth prior	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(County) (State)
E (5)	24.	FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR	APOLINE S SIGNATURE

TO SEE SEE AND THE RESIDENCE OF THE RESIDENCE OF THE SECOND OF THE SECON and the second of the second s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15996 MEDICAL EXAMINER'S CERTIFICATE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR-JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREEL ADDRESS with form EMORIAL ter death: 1 Pages NO TO State NAME OF First Middle 4. DATE Month Last Day Year DECEASED Give ONINOK 196 DEATH the Chief Medical Examiner's Office alang pages land 2 with S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Months Days Haurs in Item 18. June 21,1903 after death. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)

Factory Laborer COUNTRY? INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME pencil be executed within event within 72 hours File Adam Hamilton Bartie Wilson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT permit. (Yes, na, or unknown) (If yes give war or dates of service) "pending" No Blanche Hamilton Ridgely, Maryland 1B. CAUSE OF DEATH (Enter only one cause per ling far (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH FROCTURED OF writing the ward This certificate shauld DUE TO any 30 minuelle Canditians, if any, which gave be farwarded to rise to immediate cause (a), = DUE TO 0 stating the underlying cause and SD be used WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO the certificate, oka. NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of item 1B.) 3 shauld PRIMARY CONTRIBUTING should crematian, ar 7 miles westur Butul. · Hice d with on iturack CAUSE OF DEATH MEDICAL 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) factory, street, office bldg., etc.) 10 p.m. Route Page Not While Page at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection may be retained far FUNERAL DIRECTOR: the funeral director. death resulted fram: Natural causes Accident 4 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Health prior ta 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Harold B. Plummer NAME (Type) Address (Street, city, tawn, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Union Goldsboro, Maryland Buria 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) DATE N 6M 1/67 Greensboro, Md.

hanly, and TO PERSON LINGON The ECCLUSE engly 19 14 meally agreed I Charleton, viewbin northead to the control of the ly, the grant The second secon tometi vi blors Aprily and or one blod Presentate.

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naurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pepers shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72A

CERTIFICATE OF DEATH

CERTIFIC	TAIL OF DEATH				
1. PLACE OF DEATH o. COUNTY TRIEBOT MARYLAI					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Easton d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
UECEASED	OPE Lost 4. DATE Ooy Year Ooy Year				
S. SEX Male 6. COLOR OR RACE Male 6. COLOR OR RACE Miloweo Divorced	B. OATE OF BIRTH June 29, 1911 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.				
10o. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Where of Retail Furniture Store	11. BIRTHPLACE (County & Stote, or foreign country) Somerset Co., Maryland 12. CITIZEN OF WHAT COUNTSA				
13. FATHER'S NAME Coly S. Hope	14. MOTHER'S MAIDEN NAME Minnie F. Johnson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, prunknown) (If yes give wor or dotes of service) 222-09-7279	Stanley E. Hope, Cambridge, Maryland				
stoting the underlying couse OUE TO (c)	e lung INTERVAL BETWEEN ONSET AND DEATH Theertain				
☑ OR CONTRIBUTING □ CAUSE OF OEATH	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEO? YES NO URRED. (Enter noture of injury in Port I or Port II of item 1B.)				
CIF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20d.	0e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)				
21. I certify that (I) (this hospital) attended the deceased fram 19, 19, to 19, that (I) (we) lost sow the deceased alive an 19, 19, and that death occurred of MED. STAFF 22b. OATE SIGNED					
22c. PHYSICIAN'S NAME (Type) Robert W. Trevor	22d. ADDRESS Easton, Maryland				
230. BURIAL CREMATION, REMOVAL (Specify) 23b. Date thereof Washington	n Cemetery Near Hurlock, Maryland				
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				

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	Minist . Tolman		Coly S. Hape - "
Small-2s	tanley E. Hoge, Cambridge, N	\$ 47-1-9n-2221	No. 10
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Restract	Commencery Newspirely	nesentrael (Vert.)	intel lev. 2
		and thought and	

2.00		CERTIFICATE	OF DEATH		19988
PLACE OF DEATH				Where deceosed lived, if institution	
o. COUNTY	0	MARVIAND	O. STATE	b. COUN	TY-14 B-7
L CITY OF TOWN	307	MARYLAND	J'ARY	LAND	14-807
write_RURAL on	If outside corporate limits, I give nearest town)	c. LENGTH OF STAY IN 1b	C. CITT UK TUWN (IT OL	rtside corporote limits, write RUR	AL ond give neorest town)
TRAPP		1/24/20	LASTO	N, MA	20-1
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in h	nospitol, give street oddress)	d. STREET ADDRESS	/	e. IS RESIDENCE
			S. AUR.	ORA ST	ON A FARM? YES NO
NAME OF	, First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	NETTI	F MAN	VONES	OF DEATH NOV.	74,1967 19
SEX		, , , , , , , , , , , , , , , , , , , ,	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR 1 IF UNDER 24 HRS
	. /		AI	lost birthdoy)	Months Doys Hours Min.
7-	W	IDOWED DIVORCED .	NOV 73, 188		
. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT
ring most of working	lite, even if retired)	OWN HOME	TALBOT	- MARYLANZ	COUNTRY?
FATHER'S NAME	DENTI	OWN HOLL	14. MOTHER'S MAIDEN		1 -7, 7. 77
	. /	/	4.0		
WILLI			MELYI	NA KOBINS	07
	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	55
es, no, or unknown)	(If yes give wor or dotes of serv	N.	ora 11 H. S.	ONES -FO	STON MARKAND
	ATU /F-tor only one rouse no	11/10/10	120 //	I.A.	INTERVAL BETWEEN
PART I. DEA	EATH (Enter only one couse per IH WAS CAUSED BY:	Title 107 (0), (0), onotig.)	1000	A.ii.	OMSET AND DEATH
1/001	IMMEDIATE CAUSE (0)_	Mula	UMM	asses	Talles
1001	DUE TO	71. 1.1.	1. 1.	, d. 1/1.	1 12 10
Conditions, if ony		Tribland	4MU(11)	MUNIMALUL	116.11/12
rise to immediat			the part of the second	a copy of the	100
stoting the unde	rlying couse				
) (()	7			
PART II. OTHER-S	ONIFICANT CONDITIONS CONTRI	BUTING TO SEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
MALI	01/1/1/1/1/	11/11			YES NO
20o. ACCIDENT WA	S UNDERLYING [7]	206. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.1	
OR CONTRIBUTING	CAUSE OF DEATH	The state of the s	, miles or miles y m		
	MEDICAL EXAMINER)				
20c. TIME OF INJ Hour o.	JRY Month, Doy, Yeor		CE OF INJURY (Home, form		(County) (Stote)
D.1	10	While Not While of work of work	tory, street, office bldg., etc.	11	
) atterded the deceased fram	Athinic 1	9/25 to 1/10 2	4/ 19/e/that /1) (wa) la
	eceased alive an	10 le and the	tidoath accurred at	5'ASOM from course	, 19 /, that (I) (we) la and on the date stated abov
	cleused drive an	, did the	rueum accomed at	M, Iram causes o	
229 SIGNATURE	10. 1/11	112118	ATTENDING	MED. STAFF	22b. DATE SIGNED
11. 11	1/1/1//////////////////////////////////	MITUI M.	D. PHYS.	DIRECTOR PHYS.	11-15-6)
22c. PHYSICIAN'S	wall !		22d. ADDRESS		2 1
NAME (Type			DA.	Mickels 1	No 1
OUDIA) YDDAATI	ON TOOL DATE THEREOF	23c. NAME OF CEMETERY OR	CDEMATORY	I and togetion (c)	-) (6. 1) (6. 1)
BURIAL EREMATION REMOVAL (Specify	ON, 23b. DATE THEREOF	0 ,1	CKEMATURY	23d. LOCATION (City or Tov	10
	' IN - a	010 10000000		1 4 1	
	110037.19	967 OPRINGHI	L-	LASTON 1	ALBOT NA
24. FUNERAL PURECTO	R P 1	ADDRESS A		BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
4. FUNERAL BURECTO	R Clark		2So. REC'I	BY REGISTRAR 256. REG	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 1944 the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after dea Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

	16007 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	15999
(O. COUNTY JA/bot MARYLAND	2. USUAL RESIDENCE (Where deceased lived, o. STATE MARYLAND	DORCHESTER DORCHESTER
1	write RURAL and give nearest town)	RURAL CAMBRID	GE 09-3
(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address)	d. STREET ADDRESS MADTSON MD.	e. IS RESIDENCE ON A FARM? YES NO
	DECEASED /ORCY MARIE	Lost 4. DATE OF DEATH	Month Doy Year 1967 1967 1968 1968 1968 1968 1968 1968
f	emale negro widowed Divorced	JULY 29, 1922 45	irthday) Months Days Haurs Min yrs.
duri	ing most of working life, even if retired) LABORER INDUSTRY	MARYTAND	12. CITIZEN OF WHAT COUNTRY?
	JOHN L. KANE	CLARIS KANE	Address
(Ye	s, na, ar unknawn) (If yes give war ar dotes of service) 220-10-6342	CLARIS KANE RFD	#2 CAMBRIDGE, MD.
		t	INTERVAL BETWEEN ONSET AND DEATH
VIION		O THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES ** NO
		D. (Enter nature of injury in Part I ar Part II af it	em 18.)
MEDICAL	Haur a.m. While Nat While p.m. 19 at wark at work	factary, street, office bldg., etc.)	r *tawn) (County) (State)
	deoth resulted from: Notural causes X, Accident , Si	uicide, Homicide, Undeferr CHIEF MEDICAL EXAMINER	, Inquiry, ond in my opini mined monner 22. DATE SIGNI
	SIGNATURE XOW / WELLY EXAMINER'S NAME (Type) Welty	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or count	11-3-67
	3. (S. S f 100. durid	Deference of Death and give incorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give incorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) 3. NAME OF DECEASED (Type or print) 5. SEX	D. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest given) D. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest given) D. C. LENGTH OF STAY IN 1b. C. CITY OR TOWN (If outside corporate limits RURAL and give nearest given) D. A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF DECEASED (A. D. STEET ADDRESS) MADISON, MD. 3. NAME OF BEEFE ADDRESS MADISON, MD. 4. DATE OF BEEFE ADDRESS MADISON, MD. 5. SEX OF CORPARISE CITY OF BEEFE ADDRESS MADISON, MD. 5. SEX OF BEEFE ADDRESS MADISON, MD. 6. CITY OF TOWN (If outside corporate limits of First ADDRESS MADISON, MD. 6. CITY OF TOWN (If outside corporate DECEASED BY CITY OF TOWN (IF OUTSIDE LIMITS) MATERIAL DORES MADISON, MD. 6. CITY OF TOWN (If outside corporate

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                                                                         MADISON, MOLECULAR MADISON, MINES
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    220-10-636 CLARIS KARE 10'0 K2 CAMPA DAB, MO.
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16008

CERTIFICATE OF DEATH

16000

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
O. COUNTY /A / DO 7 MARYLAN	o. STATE Maryland b. COUNTY Talbot
b. CITY OR TOWN (If outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
EASTON D.O.A.	Telghman Md.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) MEMOKLAL HOSPITAL	d. Street address e. Is residence on a farm? Yes \sum no [2]
3. NAME OF DECEASED (Type or print) Cidam Wadsun.	
S. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3/20/92 9. 785 In yeors IF UNDER 1 YEAR Wonths Doys Hours Min
	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Talbot Maruland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Anna Novak
(Vor. no. aryphnous). (If you give your or dates of convice)	Mrs. Adam Kapisak, Tilghman, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART 1 DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) Cararae a	mes other and bearing
Conditions if any which gave	oca d'a la cofin Instrui
rise to immediate couse (o),	Carcara myrac 100 - 11111
lost. (c) Coron and	atherosclerosis. 148.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter noture of injury in Port I or Port II of item 18.)
p.m. at work in or work in	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
	that death accurred at 45° M, fram causes and on the date stated obo
Thied 1	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS. C
NAME (Type) S. KRECH JR.	22d. ADDRESS Easton, Md.
Burial [Specify] 11/30/67 Methodist	Tilghman, Md.
24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Marine Menning	DATE NOV 3 0 1967 Charles Judge.
	D. COUNTY A BO MARYLAN b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital, give street address) A HOSPITAL OR INSTITUTION (If not in hospital) B LOOP A HOSPITAL OR INSTITUTION (If

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

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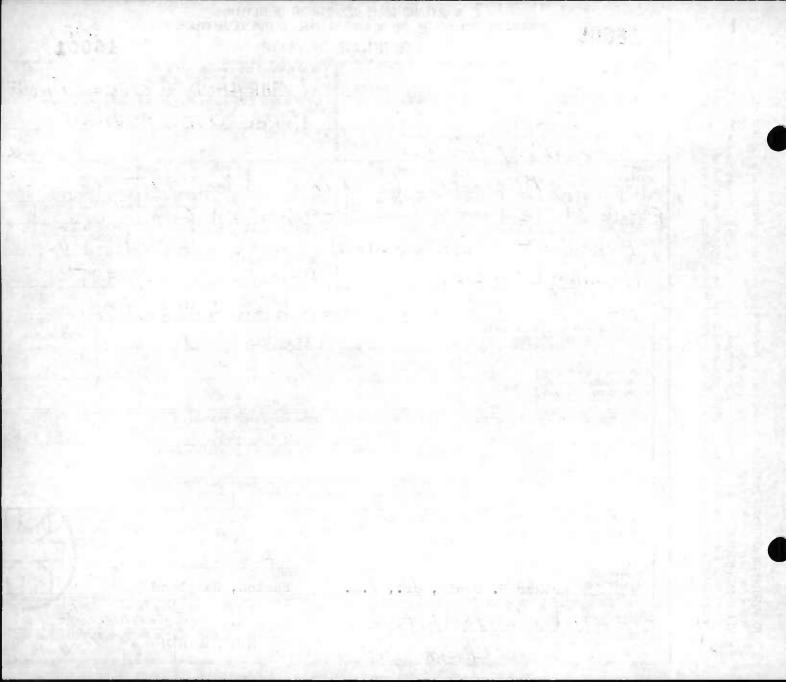
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VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	PLACE OF DEATH			here deceased lived, if institution: Reside	ence before odmission)
(a. COUNTY TAI bot	MARYLAND	O. STATE MAR	YLAND 6. COUNTY DE	eN ANNE
ŀ	b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16	C CITY OR TOWN (If out	side corporate limits, write RUKAL and g	ive neorest town)
	write RURAL and give nearest town)	2 dAVS	RUPAL	SUDLERSVI	LLF 17-2
- (d. NAME OF HOSPITAL OR INSTITUTION (If not in ha		d. STREET ADDRESS	O O D L C C O V .	e. IS RESIDENCE
	Memorial F	tospiTA)		**	ON A FARM? YES NO 🔀
	NAME OF Pirst	/ Middle	/ Lost	4. DATE Month	Doy Year
((Type or print) BEALA	RICE P. K	IRK	OF DEATH //-	16 - 1967
5. 5	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED B	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
F	EMALE WHITE WIL	DOWED DIVORCED	SEPT. 6-19	on last birthday) Manths	Days Hours Min.
	. USUAL OCCUPATION (Give kind af work done ng most af working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME	7	14. MOTHER'S MAIDEN N	AME / A.	<u>-</u>
	WILLIAM L. WER	3eR	AMELIA	A J. NEYHA	RT
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar ynknown) (If yes give war or dates af servic		NFORMANT KIDE	S- / AUREL De	
-	18. CAUSE OF DEATH (Enter anly one cause per		LELIZ MINI	T ENVICE D	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	(C), (b), did (c).)	of the Ou	+	ONSET AND DEATH
	16 3 X IMMEDIATE CAUSE (a)	Car con ma	100	~ 1 , ~ ,	
	Canditions, if any, which gave	Nouvent		1	5 mg
	rise to immediate cause (a),				
	stating the underlying couse (c)	La Silvania			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. ((Enter nature af injury in F	Part I or Part II af item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Home, form ary, street, affice bldg., etc.)	, 20f. (City ar tawn) (C	aunty) (Stote)
	21. I certify that (I) (this haspital)	attended the deceased fram	, 10	9	, that (I) (we) last
	saw the deceased alive an	19, and that	death accurred at_		the date stated above
	220 SIGNATURE S. C.	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. 22b.	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Arthur B. (Cecil, Jr., M.D.	22d. ADDRESS Easto	n, Maryland	
230	BURIAL, CREMATION, PERMOVAL (Specify)	8 LITTLE B	RITAIN	23d. LOCATION (City or Town)	(Caunty) (Stote)
24	FUNERAL DIRECTOR Lane C	hunch Jally	MA DATE	BY REGISTRAR 1967 REGISTRARS	SIGNATURE Y



MARYLAND STATE DEPARTMENT OF HEALTH

13.0

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

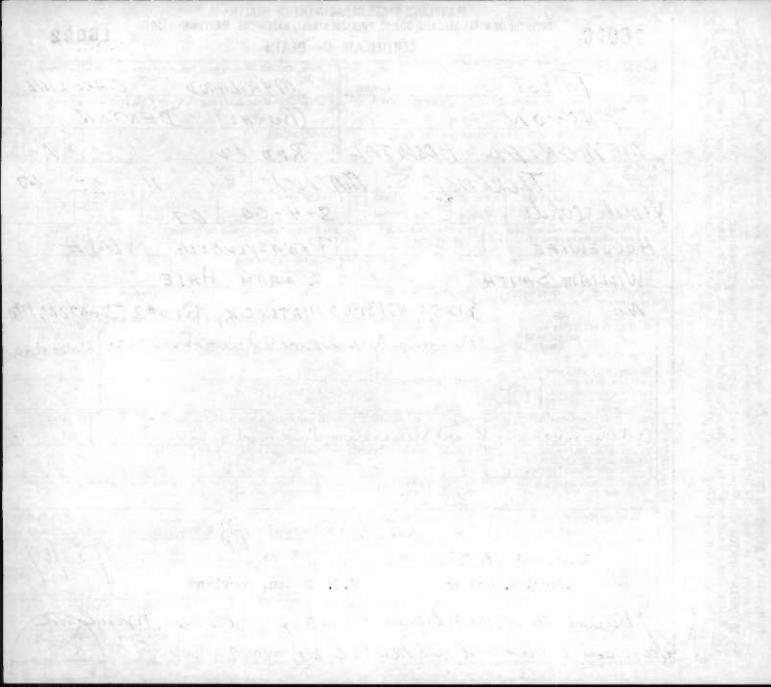
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10o. duri	USU.	bst o	f we
13.	FATI	HER'S	S NA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after 78 Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

	CERTIFICATE	OF DEATH
	PLACE OF DEATH O. COUNTY TAIBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE ORRARYLAND b. COUNTY CAROLINE
	b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest tawn)	(RURAL) - DENTON
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) MEMORIAL HOSPITAL	d. STREET ADDRESS C. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) NAME OF First Middle S. Midgle S	ATLACK 4. DATE Month Doy Year OF DEATH 11 9 Z 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 3-4-00 9. AGE (In yeors light birthday) Yrs. 9. AGE (In yeors light birthday) Months Doys Hours Min.
	D. USUAL OCCUPATION (Give kind of work done ingarbst of working life, even if retired) TOUSEWIFE INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME WILLIAM SMITH	14. MOTHER'S MAIDEN NAME SARAH HALE
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II es, no. of valknown) (If yes give wor or dates of service) 212-26-47130.	NFORMANT Address JMATLOCK, RED#2 DENTON, MD
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	to nephrosclerosis Uniterval BeTWEEN ONSET AND DEATH
	Conditions, if ony, which gove nise to immediate couse (o),	Contain
	stating the underlying couse DUE TO (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO OTTERWISE CONTRIBUTING TO DEATH BUT NOT RELATED TO TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \text{NO} \)
L CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐	(Enter nature of injury in Part I or Part II of item 18.)
MEDICAL		CE OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
		to, 19, that (I) (we) last death occurred at, M, from couses and an the date stated above
	220. SIGNATURE Kobert W. Trever M.D	
	22c. PHYSICIAN'S NAME(Type) Robert W. Trever M.	
230	/ 2000000	metery Denton, Maryland
524	a funeral DIRECTOR Exercised St. Muchael	250. REC'D BY REGISTRAR 256. REGISTRAR'S MENATURE 256. REGISTRAR'S REGISTRAR'S REGISTRAR'S REGIS



16011

CERTIFICATE OF DEATH

16003

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Resi	dence befare admission)
	a. COUNTY Talket	MARYLAND	a. STATE PRYLAND b. COUNTY	TROTIME
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL and	give neorest town)
	Wille KUKAL une give negtest town)	5 ft. 15 Mi	SMITHSON R	URAL 05-2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	naspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Memora			YES NO
3.	NAME OF Pirst PECEASED	Middle	Last 4. DATE Manyh	Doy Year
	(Type or print) Alala.	tell Casuin	MXCaRIG DEATH NOU.	14 1967
S.	SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UND Month	S Days Hours Min.
	·	IDOWED DIVORCED (JAN 9, 1906 6 YIS.	
i0dui	a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
	ring mort of working life, even if retired)		11111 [[]	1874
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		1c CARTY	ANNIE HARMON	
1S (Y	es, no, or unknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	To My
_			RS. WALTER MCCART	1, 1, K52194
	18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Cerebral Rem	orrhage	< 24 Rrs.
	Conditions, if any, which gave) (b)			
	rise to immediate couse (a)			
	stating the underlying cause last.			
		IRLITING TO DEATH RUT NOT PELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
5	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTR.	DOTING TO DEATH DOT NOT KEEKED TO T	THE TERMINAL DISEASE CONDITION OFFER IN TART ((d)	PERFORMED? YES NO
5	20g. ACCIDENT WAS UNDERLYING □	20h DESCRIBE HOW INJURY OFCURRED	(Enter nature of injury in Part I ar Part II of item 18.)	T IES NO JO
CEXIIIICALION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TOTAL DESCRIPTION MONT OCCURATO.	the second of injury in 1 dir 1 dir 1 dir 1 dir 1001 1001	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PLAG	CE OF INJURY (Hame, farm, 20f. (City ar tawn)	(Caunty) (State)
MEE	Haur o.m.	While Not While factor	ary, street, office bldg., etc.)	()
	21. I certify that (I) (this haspital		, 19, ta, 1	9, that (I) (we) last
	saw the deceased alive an		death accurred at 435M, fram causes and an	
	22o. SIGNATURE		22b.	DATE SIGNED
	Robert W. True	ever M.D	ATTENDING MED. STAFF DIRECTOR PHYS. DI-	-14-67
	22c. PHYSICIAN'S	m w n	22d, ADDRESS	7/11/67
	NAME (Type) Robert W.	Trever M.D.	Easton, Maryland 1	1/14/67
23	BURIAL, CREMATION, 23b. DATE THEREOF			(County) (State)
6				PAROLINGMO.
2	4. FUNERAL DIRECTOR	ADDRESS TO T	25g. REC'D BY REGISTRAR 25b. REGISTRAR	See the second
	VALUE (C)	101CB ()BN1	DANOV 2 0 1967 Pelias	elas Judge.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 22 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) A

SELECTION OF THE PROPERTY AND PROPERTY OF THE SCHOOL ST. THEORY OF ARE THE R. D. A. S. C. 20001 140 VIII. A MADVING LEVILLE COLUMN TOWN AND THE SECOND PARTY OF THE PARTY A STATE OF THE PARTY OF THE PAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dear

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE, MARYLAND 21201

10012	CERTIFICATE	OF DEATH		6004
1. PLACE OF DEATH o. COUNTY Sollat	MARYLAND	o. STATE A	There deceased lived, if institution b. COUN	
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16 4 days	C. CITY OR TOWN (IF ou	tside carporate limits, write RUR.	AL and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspited Memorial Has	al, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) DECEASED (Type or print)	Middle M	a Deill	4. DATE Manth OF DEATH NOU	Doy Year 28 19 6 7
S. SEX 6. COLOR OR RACE 7. MARRI WIDOW		DATE OF BIRTH #	9. AGE (In years last birthday)	Months Days Haurs Min.
during mast of warking life, even if retired)	NEW THE STATE OF STAT	SAYBROOM		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME SAMUEL Mª NEILL			FUCKEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		CHARD M	NEILL X	BENTON, MID
1B. CAUSE OF DEATH (Enter anly ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	far (a), (b), and (c).)	moray e	mbolus	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	Extenoseles	stir her	at disian	e 10 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in I	Part I ar Part 11 af item 1B.)	
Haur a.m. W p.m. 19 at v	hile Nat While facto	E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(Caunty) (State)
21. I certify that (I) (this hospital) attended the deceased from 11-24, 1967 to 11-25, 1967, that (I) (we) las saw the deceased alive an 11-28, 1967, and that death occurred at 10-35 M, from couses ond an the date stated above				
220. SIGNATURE The property of the policy o	? Carried M.D		MED. STAFF PHYS.	22b. DATE SIGNED 17 - 28 - 67
NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR O	MEMORIAL		4.70

STATE OF STREET STATE OF STATE OF 11:01:01 , A . . . A

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, Item #3 Film PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

16005

/16013

CERTIFICATE	or barrers
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY Talkat MARYLAND	O. MATERY LAND 6. COUNTY CAROLD WE
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Eastm 13 days	JENTON 03.5
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
Memorial - Hospital	YES NO
3. NAME OF First / Middle MCTT VA	ine los 4. DATE Month Doy, Year,
(Type or print) Helen MITIMACHIERO	1 Reese DEATH 11 24 1967
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	AUG 18, 1895 last birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, ar foreigh country) 12. CITIZEN OF WHAT
during mast of working life, even if retired) INDUSTRY	COLMITALS
at home	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES ME ILVATIB	KOSA PRICE
(Vac no as unknown) ((I use sive was as dates of convice)	INFORMANT Address
(1 as, 11d, d Poliki (as)1) (11 ses give wal at adies at service)	RS JAS DIKE, DENTON
18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MACLiventestime	Remember and DEATH
5400 DUE TO	
Conditions if any which save	3 weeks
rise to immediate cause (a), DUE TO	
stating the underlying cause	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CATIC	YES NO
	(Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, form, 20f. (City ar tawn) (Caunty) (State)
Haur a.m. 19 While Nat While of fact	tary, street, affice bldg., etc.)
p.m. 19 at wark at wark] 21. I certify that (I) (this hospital) attended the deceased fram	11-11 , 19 67 to 11-24 , 19 67 , that (1) (we) la
21. I territy inal (I) (ims nospitally affected file deceased from	it death accurred at OPPM, fram causes and on the dote stated abov
22a. SIGNATURE	22b. DATE SIGNED
Inthe Co	ATTENDING MED STAFE 1
M. M.	D. PHYS. DIRECTOR PHYS. 11-27-67
22c. PHYSICIAN'S Stephen P. Carney M	Easton, Maryland 11/27/67
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (Caunty) (State)
BREMONE NOVZ7,1967 BARRET	T'S CHAPEL FREDERIKA DEL.
24. FUNERALI DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
AINDICCIT WOOKE DESOIT	DATINOV 3 0 1967 Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please represe carbon papers. Pages 1 and 2 VR A15 (4) 25M 1/67

Poge 4 may be retained by the hospital or ottending physician.

director, page 3 should be detached far use os the buriol-tronsit permit. Then pleose reprove corbon popers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Tage 4 may be retained by the naspiral of attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	burial transit permit. Then please remave carban papers. Pages I and 2.	ו מסוומו, מי פווומומון, טו ופווומעמו, מוומ ווו מווץ פייפווו, יייוווווי יייייייים מוויין עפיייין
TO HOSPITAL OR ATTENDING PHYSICIAN: The I	723 Page 4 may be retained by the haspiral of affer the retrificate has	director, page 3 shauld be detached for use as	אמחום מה ווופס אוווו ווופ סוחופ מבלוי. חו וופחוווו לוו

16014 DIVISION OF VITAL RI	CERTIFICATE		RE, MARYLAND 21201	16006
o. COUNTY Talbot	MARYLAND	o. STATE	There deceosed lived, if institution: b. COUNTY	Talbot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Caston (rural)	c. LENGTH OF STAY IN 16 13 months	Easte	side corporote limits, write RURAL	ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi			ttage Farm	ON A FARM? YES NO
NAME OF PICEASED (Type or print) John Newbold Ro		Lost	4. DATE Month OF Nov.	
SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	DIVORCED	8. DATE OF BIRTH Nov.6, 190	3 64 birthdoy) Wyrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Aonths Doys Hours Min.
uring most of working life, even if retired) INE	ND OF BUSINESS OR DUSTRY	Washingt	s Stote, or foreign country) on Co. R.J.	12. CITIZEN OF WHAT
3. FATHER'S NAME Rowland Rodman Robinson			ice Hazard	
Yes, go, or unknown) (If yes, give wor or dotes of service) 05	8-18-2745 MA	informant S. John N.	Robinson, East	
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse DUE TO	(o), (b), ond (c).) Linoma of widesprea	the sto	mach with	INTERVAL BETWEEN ONSET AND DEATH Characteristics Interval Between ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 While p.m. 19	Not While foc	CE OF INJURY (Home, form tory, street, office bldg., etc.)		(County) (Stote)
21. I certify that (I) (this haspital) attends aw the deceased alive an	ed the deceased fram	t death occurred at D. ATTENDING PHYS. 22d. ADDRESS	967, to 11-28 10:30PM, fram causes and MED. STAFF DIRECTOR PHYS. 13 Easton	1967, that (I) (we) last d an the date stated abave. 22b. DATE SIGNED 11-29-67 2 Md. 21601
30. BURIAL CREMATION, 23b. DATE THEREOF 11/30/67	23c. NAME OF CEMETERY OR Woodlawn Men	crematory norial Park	23d. LOCATION (City or Town) Easton, Md.	(County) (State)
PAURICE E. NEWNAM & SON	, Easton, Md.	2So. REC'D		TRAR'S SIGNATURE

TO RECEIVE BUT THE PROPERTY OF aona: Paraland Tulbut 20000 Leave more continued to the continued to we getime to at the form Nov. 23 nothing photos with nothing that hading Live Smar Paret Les Millett Martin 2/15 Mars Colordo Warren, Williams As a large of the state of the A. Cornell . Conda thereby the 1/67 recollers expels on west, it Mirky C. W. Hill & Sull, Seesaw, June

CERTIFICATE OF DEATH

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		20010	CERTIFICATE	OI DEAIII	2.0	001			
		PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived, if institution: Reside	ence befare admission)/			
	(a. COUNTY TIALBUT	ALA DVI AND	a. STATE	b. COUNTY	FEN ARME			
	-	b. CITY OR TOWN (If outside carparate limits,	MARYLAND c. LENGTH OF STAY IN 1b	CITY OF TOWN US	ide corporate limits vuite PUPAL and a	FLIV TTIVIVES			
		write RURAL and give recorest tawn)	C. LENGIN OF STAY IN ID	C. CITT UK TOWN (If duts)	de carparate limits, write RURAL and gi	we neurest town)			
	1	= HS 10/11		GMAS	ONUILLE, MS	17.7			
-0	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	aspital, give street address)	d. STREET ADDRESS	,	e. IS RESIDENCE ON A FARM?			
76		MEMORIAL 1	TOSPITAL	# 1 6KASO	NSUILLE, MD.	YES NO			
		NAME OF First DECEASED	Middle	Last	4. DATE Manth	Day Year			
		(Type or print) OEORG	\pm ω	COTT	OF DEATH	2 196/			
	Ş. :	SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 8	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.			
	1	male el wii	DOWED P DIVORCED	2-5-88	last birthday) Months	Days Hours Min.			
	100	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S		CITIZEN OF WHAT			
		ng mast of working life, even if retired)	INDUSTRY	B 1 45 - 1		OUNTRY 3			
R.	10	LABORGER		QUEEN	HIYNE	USA			
	13.	FATHER'S NAME	0. 4-	14. MOTHER'S MAIDEN NA	ME 1 . D = = D				
		GEDAGE W.	SCOTT	ANNA	HAVERSON				
1,,		WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address				
	(Ye	s, no, or unknawn) (If yes give war ar dates af servi	056-16-6931 II	BENE !	1 PORNI (FRACA.	Will = AUD			
6		18. CAUSE OF DEATH (Enter only one cause per		10110 31	DOUN OFFISOI	INTERVAL BETWEEN			
637		PART I. DEATH WAS CAUSED BY:	-2 / -		•	ONSET AND DEATH			
		33/X IMMEDIATE CAUSE (a)	asperollin	meum	precu	y charge			
		DUE TO DUE TO							
		Conditions, if any, which gave (b)	Cerebry The	dar acc	colent	2 delys			
		stating the underlying cause DUE TO							
		lost. (c)				The Hold of			
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
2	10					PERFORMED? YES NO M			
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING TO	20h DESCRIPE HOW INTERV OCCUPATED !	Enter nature of initial in De-	et Los Port II of ita- 101	I IED IN KI			
	RTI	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (cities nature at injury in Pa	if i of ron it of them 18.)				
		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur'a.m.		E OF INJURY (Hame, farm,	20f. (City ar town) (C	aunty) (Stote)			
	ME	p.m. 19	While at work at work	ory, street, office bldg., etc.)					
		21. I certify that (I) (this hospital)		1 Oct 19	67.5 to 11 - Z , 19	67, that (I) (we) last			
		saw the deceased alive an // -		death occurred at	M, fram causes and on	the date stated above.			
		22a. SIGNATURE			22b.	DATE SIGNED			
		Alibb A	Cerse M.D			-3-67			
		22c. PHYSICIAN'S C+ Than D		111101	KECTOK — TITTS. —				
- []		NAME (Type) Stephen P.	Carney M.I	Laston,	Maryland 11,	/3/67			
	22-	BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	TDEMATORY	23d. LOCATION (City or Town)	(Country) (Contry)			
	230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23C. NAME OF CEMETERY OR C	ILL IN ILA	Z3d. LUCATION (Lity of lown)	(County) (State)			
()		BURIAL IVOV. 611	161 GMASONVI	LUE VYIL	OBAS ONVILLE	QUEEN-IND			
K	24	. FUNERAL DIRECTOR	(D) MODRESS)	2So. REC'D B	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE			
M		1300 dtos	ti. oll	DATENI	6 1967 Sturie	es fundação			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove coclor papers. I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hou

and 2

hours after deoth.

3 115 THE PROPERTY OF THE PROPERTY O and the second of the second o 할게 하는 수무의 눈이 무슨 말을 하는 것이 없는데 얼마나 그렇게 되었다. 그렇게 없는 그래요? Marie State of the Control

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Barbara L. Dashiell

16008

OR STATE		TOUTO WEDI	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	
ALTH DEPT		PLACE OF DEATH D. COUNTY		o STATE	(Where deceosed lived, if institutio b. COUNT	n: Residence before admission) Y Talbot
\$ 60 m		Talbot CITY OR TOWN (If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	Mary	rland utside corporate limits, write RURA	
PM3. Poge		write RURAL ond give nearest tawn)	Life	Eastor		L ong give neorest rown)
P.W.		Easton			T	20,1
- 8	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ive street oddress)	d. STREET ADDRESS	rt Street	e. IS RESIDENCE ON A FARM?
th form		202 Port Street		202 101	Street	YES NO X
	-	NAME OF FORCEASED Kenneth	Middle Sul	livan	4. DATE Month OF 1 1	28th 167
long vith	S. S	7. III/III		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
18 ce o ce o de ce o d		ale Negro widowed	DIVORCED	5-27-	16 3/ yrs.	
Item Office and 2 r deatl	1Do.		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote		12. CITIZEN OF WHATCOUNTRY?
in l		Laborer	None	MARYLA		USA
inel inel sage	13.	FATHER'S NAME		14. MOTHER'S MAIDEN		
Exomine Exomine File pag		IRVIN SULLIVAN		DELILA.	H Wool For	
naing in pencil in Item 18, Give h Medicol Exominer's Office olong wi permit. File pages 1and2 with the within 72 hours after death.	IS. (Ye	10f	OCIAL SECURITY NO. 17. I	NFORMANT ELEANOL	W. AllEN 120	HASTON, Md.
per inef		DUE TO	(o). (b), and (c).) cleskolie ese	uvelsion o	lishle	INTERVAL BETWEEN ONSET AND DEATH
ded to ded to as a bu		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last. (c)				
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
bld b	CERTIFICATION	2Do. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
3. 宣光 宣	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. IN While of work	Not While foct	CE OF INJURY (Home, for ory, street, office bldg, etc	1 6 1	Telland Manyla
agg v. P. V.	-	21. I certify that I taok charge af the rem			Inspection , Inqui	ry , and in my opinia
e execute ctor. Page led for yo ECTOR: Pag buriol, crer		death resulted from: Natural couses		ide . Hamicide		
ase ecto ine REC REC		1 1 01	<u></u>	CHIEF MEDICA		
please directoretrestrations DIREC	3	SIGNATURE Men Sen Haus un		M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED
necessory, please execute the funeral director. Page 4 5 moy be retained for your 5 FUNERAL DIRECTOR: Page Health prior to buriol, cremo		EXAMINER'S THURSTON HARRIS	SIN	DEPUTY MEDIC	CAL EXAMINER (Fig. city, town, or county)	4 sac 67
the f	_	BURIAL, (REMATION, REMOVAL (Specify) UTIAL 12-4-67	23c. NAME OF CEMETERY OR	CREMATORY WEMORIAL	23d. LOCATION (City or Town	TALBOT Ma,
VP AIGUE	24	. FUNERAL DIRECTOR 42	26 Bower Str	eet 250. REC		ISTRAR'S SIGNATURE
VR A15ME 3	B	arbara L. Dashiell E	aston, Maryla	nd DATE DI	EC 6 1967 R	leaves friend

1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16017 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Virginia 2, and 3 ta PM3. Page MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) D.O. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2791 Washington Blod. MEMORIA in Item 18. Give Pages NAME OF the Chief Medical Examiner's Office alang with Middle 4 DATE DECEASED (Type or print) DEATH SEX 9. AGE (In years 7. MARRIED lost birthdoy) WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) INDUSTRY Alabama Government pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thompson Frances Meek permit. File 1531 Add Peabody Ave. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. event within 72 (Yes, no, or unknown) (If yes give wor or dotes of service) 70-0472 (harles C. Thompson, Memphis, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bilateral Pneumont orax left emothorax shauld writing the word Multiple fractures of ribs mainly right side minute duy Conditions, if ony, which gove 4 shauld be farwarded to rise to immediate couse (o). = DUF TO stoting the underlying couse ()Unchecked farachute fall that didnot open OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) removal, Many other fractures see detailed ME report please execute the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY P-or CONTRIBUTING Parachute did not open from 3000 feet CAUSE OF DEATH. cremation, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED factory, street, office bldg, etc.) Ridgeley of work ot work les 21. I certify that I took charge of the remains described above, held an Autapsy Inspection -Inquiry x funeral directar. Suicide [Undetermined manner death_resulted_fram: Natural causes Accident X Homicide be retained Postmortemer MEDICAL EXAMINER used ASSISTANT MEDICAL EXAMINER prior DEPUTY MEDICAL EXAMINER NAME (Type) harold B. Plummer M.D. Address (Street, city, town, or county) Preston Caroline

23b. DATE THEREOF

E. NEUNAM & SON, Easton, Md.

NAME OF CEMETERY OR CREMATORY

VR A15ME (5) 6M 1/67

the

2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Milanes Judg

23d. LOCATION (City or Town)

Months

12. CITIZEN OF WHAT

minutes

(County)

Caroline Maryla

WAS AUTOPSY

PERFORMED?

and in my opinion

22. DATE SIGNED

NO T

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16018

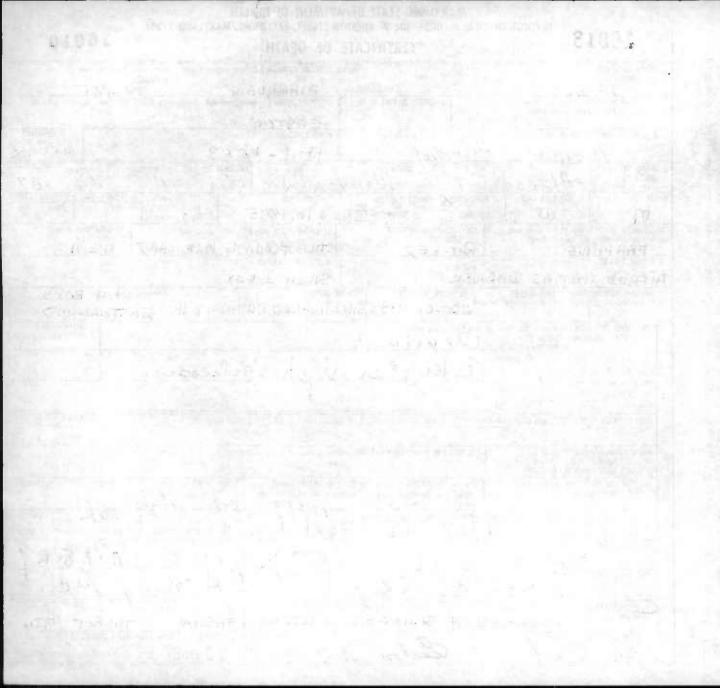
ERTIFICATE OF DEATH

16010

	CERTIFICAT	E OF DEATH	
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before	are admissian)
	a. COUNTY /A/bot MARYLAND	MARULAND TALBOT	123620
	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give near	est town)
	write RURAL and give nearest Town		0.0-1-
\vdash	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	na //		ON A FARM?
	Memorial Hospital	1 Rt. H - BOX3	YES NO X
	NAME OF DECEASED First Middle	Lost 4. DATE Month Do	y Year
	(Type or print) VI/TRED / WAR	NER JR DEATH // X,	
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR lost birthdoy) Manths Doys	
	M WIDOWED DIVORCED	July 10, 1885 82 yrs.	110013
10a	. USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, ar foreign cauntry) 12. CITIZEN (COUNTRY)	OF WHAT
our	ing mast of working life, even if retired) RetiRED	TALBOTCOUNTY, MARYLAND U.S.	A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
D	ILFRED THOMAS WARNER	SARA J. FOX	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Rt. 4	RAY 3
(Y€	1 1 100 1 1 1 1 1 1	25.ALFRED T. WARNER, JR. EASTON-	
		21131010-	
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:		NTERVAL BETWEEN INSET AND DEATH
	446 X IMMEDIATE CAUSE (0) Chem; a		
	DUE TO GO COA SO	11 1 000000	
	Canditians, if any, which gave rise to immediate couse (o),	Nyphro Schoosis.	
	stoting the underlying couse DUE 10		
	lost. (c)		
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	PERFORMED?
ATIC			YES NO
CERTIFICATION	20b. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH). (Enter noture of injury in Port I ar Part II af item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		ACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
ME	Hour o.m. p.m. 19 While Not While of work	octory, street, office bldg., etc.)	
	21. I certify that (I) (this haspital) aftended the deceased fram_	11/1/ 190 to 11/2/ 190 h	that (I) (we) la
	saw the deceased alive an 11121 1961, and the	at death occurred at (2 10 M, fram causes and an the da	ite stated ahav
	220. SIGNATURE	22b. DATE SIG	
н	6000000	A.D. PHYS. MED. STAFF DIRECTOR PHYS. D 1 2	-8,67
	22c. PHYSICIAN'S	22d. ADDRESS	001
	NAME (Type) S, KRECH TR.	EASTON, A	rd.
230	BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY . 23d. LOCATION (City or Town) (Count	ty) (Stote)
200		L CEMETERY EASTON TALBOT	
24	I. FUNERAL DIRECTOR ADDRESS	250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATU	1
24	1030 10	DATE NOV 3 0 1967 Colomba	-
	The state of the s		A STATEMENT .

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages L and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours offer death. VR A15 (4) 25M 1/67



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VR A15 (4) 1SM 7/61

	MARYLAND STATE DEPARTMENT	OF HEALTH
DIVISION OF STATISTIC	CAL RESEARCH AND RECORDS, 301 W. PREST	TON STREET, BALTIMORE 1, MARYLAND
16019	CERTIFICATE OF DEAT	TH 16011

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDE	NCE (Where decee	sed lived, If In		nce before edmission)
TALBOT	MARYLAND	MAHYLA			LINE	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporat	limits, write	RURAL end give	neerest town)
EASTON	62 days		reensbor	0		05.7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street eddress)	d. STREET ADDRES	\$			e. IS RESIDENCE ON A FARM?
HOUSE IN THE PINES-EA			None			YES NO
3. NAME OF DECEASED (Type or print)	Middle	Last	4. DATE OF	Month 7 7	Dey 14	Yeer 67
E/E3/10	W	eatherby	DEATH	علم علم		17 - 1
FEMALE WHITE WIDOWE	TE METER MERRIES	3/16/1895			Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1Db. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Con	unty & State, or fore		12. CITIZEN C	OF WHAT COUNTRY?
Practical Nurse	Nursing		enna.		U	.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME			
John F. Hill			Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Ifyes give wer or detes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
No 21	3-24-0323	Roy W. Rou	ıse	Lima,	N.Y.	
18. CAUSE OF DEATH Enter only one cause per	line for (e), (b), end (c).}				[IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	t. t.t.					NSET AND DEATH
1007	nasianic s	carcino	The of the	ruma	8 7	Incerta
1773 DUE TO	ite not do	+	1			neone
Conditions, if any, which (b)	ue mor de	winered	d			- Uto
(a), steting the underlying DUE TO						
(c)	STRIRLITING TO DEATH RUT NO	T DELATED TO THE TERM	AINAL DISEASE COL	NOITION GIVE	N IN PART 1(a)	VACALITORSY OF
E PART III OTALK SIGNATIONAL CONDITIONS	THE PERMIT	TREEXIED TO THE TERM	MAL DISEASE COI	ADITION GIVE	111177611107	PERFORMED?
<u> </u>						YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON 20e. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH Ultimate Control of the Co	CRIBE HOW INJURY OCCURED	, (Enter nature of injury i	n Pert I or Pert II of	item 18.)		
20c. TIME OF INJURY Month, Day, Yeer 2Dd. While P.m. 19 et wor	Not While fact	CE OF INJURY (Home, fa ory, street, office bldg., e		town)	(County)	(Stete)
21. I certify that (I) (this hospital) atten-	ded the deceased from		10 to	11-11	10/07	that (1) (wa) last
saw the deceased alive on	2	death occured at	9.42T.M, from it	ie causes a	nd on the d	
22e. SIGNATURE		ATTENDING	MED.	STAFF		22b. DATE SIGNED
Robert W.	rever M	.D. PHYS.	DIRECTOR	PHYS.		
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, tow	n or county)	(Stete)
Burial 11-17-67	Greensbo	ro	Gree	nsbor	o, Md.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /		EC'D BY REGISTRA	25b. REG	STRAR'S SIGNA	DREIDE
Jahr & Bol	sers Streens	oro, DATE	IUV 17 IS	101	- Total	0
Boule	NA	and				

None wearliest hurst hurstng Femia. I.S. L. Mill. Milat. 215-24-0525 Roy W. Rouse 15ms, M.Y. , Burt;1 11-17-67 Erranboro Greensberg, MA.

John & Belgery Knowland

16020

MARYLAND STATE DEPARTMENT OF HEALTH VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

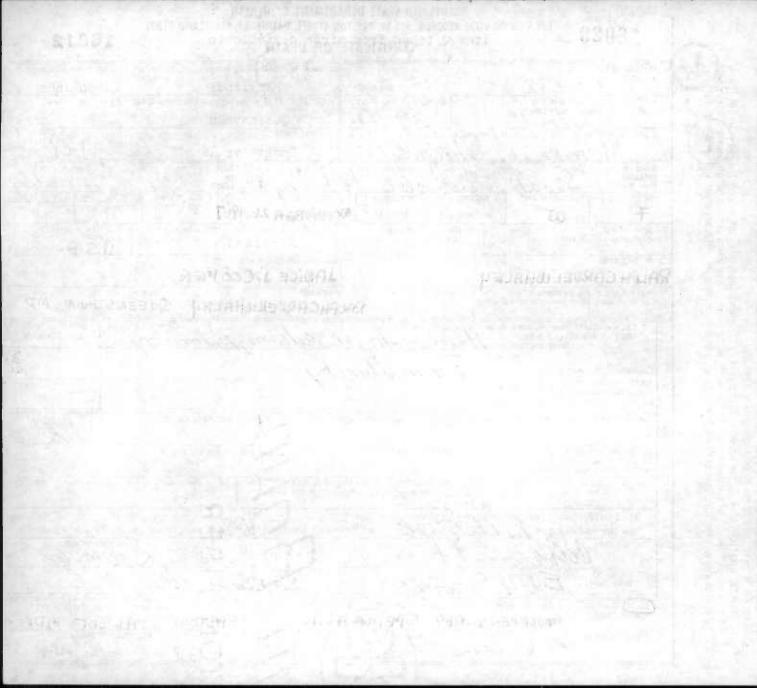
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 2 talcertificate Of DEATH ificate

16012

I. PLACE OF DEAT	Ή ,			Where deceosed lived, if institution:	Residence before odmission)
o. COUNTY —	Talbat	MARYLAND	o. STATE	yland b. COUNTY	Queen Anne
h CITY OF TOW	N (If outside corporate limits,	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL	
	and give negrest town)	30 1			ond give neorest town)
	=aslm	34 m	Queen	nstown	[/.]
d. NAME OF HOS	PITAL OR INSTITUTION (If not	in hospital, give street oddress)	d. STREET ADDRESS		e. IŠ RESIDĒNCĒ ON A FARM?
11/	pmani 1	Harrital	Dudly	Avenue	YES NO
NAME OF	C1/10/Car	Middle			
(Type or print)	Sarah	Frances (whal en	OF DEATH /(28 1967
SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS onths Dovs Hours Min.
7	1127	WIDOWED DIVDRCED	NOVEMBER 26	lost birthdoy) M.	onths Doys Hours Min.
o. USUAL OCCUPAT	TION (Give kind of work done	10b. KIND OF BUSINESS OR		& State, or foreign country)	12. CITIZEN OF WHAT
	ing life, even if retired)	INDUSTRY	Maryl		COUNTRY?
F. 7115015					U.S.H.
. FATHER'S NAM			14. MOTHER'S MAIDEN	_	
HUPH CI	ARVELWHALE	FY	JANICE J.	COOPER	
	EVER IN U.S. ARMED FORCES?		17. INFORMANT	Address	
res, no, or unknow	n) (If yes give wor or dates of s	(ervice)	PALPHCARUEL	WHALEY QUEE	INSTOWN, MD.
			21C111C11.00 EH		
	F DEATH (Enter only one couse		. 1./	, ,	INTERVAL BETWEEN ONSET AND DEATH
PAKT I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	HEITT ONHAZ	16 Edemo	/YEUMUNITY	ONSET AND DEATH
77/	5 DUE TO	//			
Conditions if	any which gove	1 - 3 X	-//X		
	diote couse (a)		2614		
stoting the un	nderlying couse DUE TO)			
lost.) (c	.)			
PART II. OTHER	R SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
20o. ACCIDENT OR CONTRIBUT					PERFORMED? YES NO
00 455175417		Louis personal many according	- IF		I IES NO L
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in	Port I or Part II of item 18.)	
	TEY MEDICAL EXAMINER)	The second of the			
20c. TIME OF Hour	INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e.	PLACE DF INJURY (Home, form		(County) (Stote)
Hour	'a.m.	While Not While	foctory, street, office bldg., etc.		
	p.m.	ot work L ot work L			
		tal) attended the deceased fran	n	19, to	_, 19, that (I) (we) la
saw the	deceased glive	170403. Y 99 , and	that death occurred at	M, fram causes and	on the date stated above
220. SIGNATU	RE ALA	XI.			22b. DATE SIGNED
	Class In	- the	M.D. PHYS.	MED. DIRECTOR PHYS.	2XN016/
22c. PHYSICIA	IN'S		22d. ADDARDSS	Ann	1
NAME (T		Sa hunist	Cas	lions Illan	lind
	120011.	· UIIII I	1070	11/01/	901
BURIAL CREM		EOF 23c. NAME OF CEMETERY	OR CREMATORY .	23d. LOCATION (City or fown)	(County) (Stote)
KEMUVAL (Spe	rough BE	R30-1967 SPRING	HILL	EASTON TO	ALBOT MD:
24. FUNERAL DIRE		ADDRESS ()			TRAR'S SIGNATURE
TO HERAL DIKE	12 C/1	ALL PADRESS	230. KEC	DI KEGISIKAK ZOD. KEGISI	1 6 6 6-0
	11. 836	us cent	DATEN	IV 3 0 1961 200	carles judge
7 3	311100			<i>-</i>	0 4
1- 28	2145				

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. iin 72 hayrs after death Pages 1 and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hayrs afterdead. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



16021

CERTIFICATE OF DEATH

601

	1. PLACE OF DEATH TAIBOT MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE MORY LOND b. COUNTY GREEN ANNO							
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c. CITY PROTOWN (If outside corporate limits, write RURAL and give nearest town)							
8	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street oddress) MEMORIAL EASTON	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO							
	3. NAME OF BECEASED (Type or print) Raymond +.	Whitly OF DEATH 1/ 23 1967							
	S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH 9. AGE H years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Haurs Min.							
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT							
	FRANK WHITBY	ANNIE SAUNDERS							
	(Yes, no, or unknews) (If yes give wor or dotes of service)								
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o) DUE TO	come due to arteriore per interval Between Onset and Death Uncortain							
	Canditians, if any, which gave nse to immediate cause (a), stating the underlying cause last. (b) DUE TO								
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?							
	200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)							
		LACE OF INJURY (Home, form, octory, street, affice bldg., etc.) 2Df. (City or town) (County) (State)							
	21. I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive an 11-23 1967, and the	21. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) last							
	220. SIGNATURE ROBert W. Trever	A.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED							
	22c. PHYSICIAN'S NAME (Type) Robert W. Trever, M.D.	Easton, Md.							
	230 DURIAL, CREMATION, 2360 DATE THEREOF 23c. NAME OF CEMETERY OF PRINCIPLE SPRING THE PRINCIPLE OF CEMETERY OF CE	R CREMATORY R CREMATORY LOCATION (City, or Iowa) Caunty (Stote) CAR, MD.							
	24. FUNERAL DIRECTOR CIL MOURE DE	V250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							

filled in by the funeral papers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely Affiled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbah perms. Shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 by Page 4 may be retained by the haspital or attending physician. VR A15 (4 25M 1/67

drs after death.

ELGG. CONTROL OF THE PARTY OF T and the bound of the state of t The Michelle M. Cowney M.L. Continue and Markey M.L.

16022

CERTIFICATE OF DEATH

16014

1	00 80 80	CERTIFICATE	OF DEATH		1001.
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where dece		
	a. COUNTY / Albot	MARYLAND	o STATE Pennsylvan:	ia. b. COUNTY	Philadelphia
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN, 1b	c. CITY OR TOWN (If autside corpo	arate limits, write RURAL o	and give nearest town) 75
	write RURAL and give nearest town)	N 1/2 h.	Philadelphia	a. Pennsyl	vania 19104
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Memorial	HOSP, TAI	1216 N. 421	nd Street	YES NO B
3.	NAME OF First	Middle	Lost 4. DATE	E Month	Doy Year
	(Type or print) OABRA	U_1	MAMS DEAT	т //	20 1967
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS.
	Female Negro w	VIDOWED DIVORCED	6/27/1916	51 yrs.	
10	o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
100	ring most of working life, even if retired) Seamstress	None	Talbot Mary	Land	USA
	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	William A. Turne:	r	Sarah Jane	Carroll	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
10	(If yes give war ar dates of sen	213-22-5765 Jo	seph A. Will:	lams, 1216	N.42nd St.
F	1B. CAUSE OF DEATH (Enter only one cause po				Pa INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bilateral Culs	nonary Embol		ONSETAND DEATH
	460 N DUE TO				
	Canditions, if any, which gave) (b)_	Varicage Vein	both lea		many your
1	rise to immediate cause (a), stating the underlying cause		0		00
1	last. (c)				
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION G	IVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
B					, YES A NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part I or F	'art II of item 18.)	
9	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
Sign	20c. TIME OF INJURY Month, Day, Year Haur a.m.		E OF INJURY (Home, farm, 20f. ary, street, affice bldg., etc.)	. (City ar tawn)	(Caunty) (State)
×	p.m. 19	at wark at wark			
	21. I certify that (1) (this hospita	l) attended the deceased fram	, 19	ta	, 19, that (I) (we) last on the date stated abave.
	saw the deceased alive on	19, and that	death accurred at 12 7		
	220. SIGNATURE illiam & Lator	ma mo M.D		STAFF STAFF	22b. DATE SIGNED 22 NOV 67
	22c. PHYSICIAN'S NAME(Type) W. E. Lati	mer, M.D.	Easton, Md	. (Memori	al Hospital)
23	a. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR C		LOCATION (City or Town)	(County) (State)
	BREMOVAL (Specify) 11/25/	67 Richards Me	morial Eas	ston, Talb	ot Maryland
3	4. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGIS	STRAR 2Sb. REGIST	RAR'S SIGNATURE
	BE DOCKER	426 Dover St	PATENOV 2 S	1967 005	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Poshould be filed with the State Dept. of Health prior to burial, crematian, or removal, and in ony event, within 72 hauges. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6023

CERTIFICATE OF DEATH

16815

	PLACE OF DEATH D. COUNTY				2. USUAL RESID		deceased	lived, if instit b. CO		nce befare	admissia	n)
		albot	- 12	MARYLAND	N	ld.				albot	,	
t	o. CITY OR TOWN (If write RURAL and	outside corporate lim	nits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOW	,				ve nearest	tawn)	,
	Lewistow)			ewist	OWN	Rura	al		1-0	-/
C	I. NAME OF HOSPITAL	OR INSTITUTION (If	nat in haspital, g	ive street address)	d. STREET ADDR	RESS				e. Y	ON A FA	
	NAME OF		First	Middle	Last	4.	DATE	Ma	ınth	Day	Yeo	r
- (Type or print)	Jenes	se		Vilson		OF DEATH	II	_	16	19 (57
S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. A	GE (In years	IF UNDER		IF UNDER	_
F		С		DIVORCED [12-15-1			yrs.	Manths	Days	Haurs	Min.
	ng mast af working lit			ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE		e, ar fareig			ITIZEN OF DUNTRY?	WHAT	
	Labor	er				line		Md.		USA		
13.	FATHER'S NAME				14. MOTHER'S A	MAIDEN NAME						
		ge Dobso				la Th	omas					
		IN U.S. ARMED FORCES f yes give war or dates	fasiumes to a		. INFORMANT			Ado	dress			
(16:	No No	i yes give war or dates	a di service	20-14-6216	Catherine	Down	9	Eastor	Md.			
		TH (Enter anly one co			1		111.		done	LATE	ET AND D	WEEN
		WAS CAUSED BY:	6	lon ary	relus	ac -	Kefl	an	, ecover	CONSI	TAND D	EATH
	4201	IMMEDIATE CAUS		1						100	24116	2
	Conditions, if any, v		JE TO	The tell to	e Cana	(n. 1)	0-1	dia.	conv			
	rise ta immediate	couse (a)	(b) //	1/2/0000	- (- 000	. 60-01	asc	con	-70-	-		
	stating the underly	ring cause	JE TO									
	last.	,	(c)									
z	PART II. OTHER SIGI	VIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED T	O THE TERMINAL DIST	EASE CONDITIO	ON GIVEN I	N PART I(a)	7	19.	WAS AUTO	PSY D?
CERTIFICATION	Lowy	walle	el 12	n lungs	LXG	unou	eso	tes:	4			NO [
Ĕ	20o. ACCIDENT WAS I		20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of in	njury in Part I	ar Part II	af item IB.)				
8	OR CONTRIBUTING [
3	,	Y Manth, Day, Year	20d. IN	NJURY OCCURRED 20e. I	PLACE OF INJURY (Ha	me. form	20f. (C	ity or town)	(Co	unty)	- (State)
MEDICAL	Haur 'a.m. p.m.	19	While	Nat While	actary, street, office b		~					,
	21. I certify	that (I) (this ho	spital) attend	ded the deceased from.		, 19 🗸	, ta	Nov	, 19	,	at (I) (v	
	amus Alaa alka	eased alive on	allen	196/, and t	hat death occuri	red of	9 M, f	ram cause:	s and on t	the date	stated	aba
	saw the dec								001 0	ATE SIGNE	D	
	22a. SIGNATURE		V,			MED			220. U	WIL PIONE		
	22a. SIGNATURE	uy /	dore		M.D. PHYS.	MED.	CTOR _	STAFF PHYS.			-67	
	22a. SIGNATURE 22c. PHYSICIAN'S	ur Le	dore		M.D. PHYS. 22d ADDRE	SS DIRE	CTOR _	PHYS. I		-20.	-67	
	22a. SIGNATURE	ur Le	More, EDE	RER	M.D. PHYS. 22d ADDRE	DIRE	CTOR _	PHYS. I			10,	
230	22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	NT LE		RER	M.D. PHYS. 22d ADDRE	SS SEN	+	PHYS. 1		10.	10,	tote)
23a	22c. PHYSICIAN'S NAME (Type)	URT L	THEREOF	RER 23c. NAME OF CEMETERY (M.D. PHYS. 22d ADDRE	SS SEN	23d. LOCAT	PHYS. I	Town)	- 20 . //	(S	tate)
	22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION BENOVAL (Specify)	URT L		RER 23c. NAME OF CEMETERY C Chapel	M.D. PHYS. 22d ADDRE CREMATORY	SS EN	23d. LOCAT	PHYS. I PWW ION (City or pel	Talbo	(County)	(S M	tate)
	22c. PHYSICIAN'S NAME (Type)	23b. DATE T 11-21	THEREOF	RER 23c. NAME OF CEMETERY (Chapel ADDRESS	M.D. PHYS. 22d ADDRE 22d ADDRE CREMATORY	SS SEN	23d. LOCAT	PHYS. I PWW ION (City or pel	Town)	(County)	(S M	,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retoined by the hospital or attending physician.

VR A15 (4) 25M 1/67

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16024

CERTIFICATE OF DEATH

)	_0029		CERTIFICATE	OF DEATH	10	016
	1. PLACE OF DEATH o. COUNTY	, _		2. USUAL RESIDENCE (W	here deceosed lived, if institution: Reside	nce before admission)
	IHA	501	MARYLAND	MAR	YLAND	IALBOT
	 b. CITY OR TOWN (If outside con write RURAL and give neares 		c. LENGTH OF STAY IN 16		fide carparate limits, write RURAL and gi	ve nearest tawn)
	d. NAME OF HOSPITAL OR INSTIT	ITION (If not in becoited a	/days	d. STREET ADDRESS	TON	l e. IS RESIDENCE
8	Men	orkial	ive street address)	AIRPORT	MOTEL	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Makaise	A to Middle	Wak F	4. DATE Manth OF DEATH NO!	Day Year 19 / 7
	S. SEX 6. COLOR (R RACE MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER Lost birthday) Manths	R 1 YEAR IF UNDER 24 HRS.
	FEMALE WHI	TE WIDOWED	DIVORCED [00.0 . 10	0 66 yrs.	
	10a. USUAL OCCUPATION (Give kind a during most of working life, even if re		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County &		COUNTRY? USA
	13. FATHER'S NAME	1		14. MOTHER'S MAIDEN N	AME O	
	MARI	NIANA	Jer	MAR	1 LARTER	
	1S. WAS DECEASED EVER IN U.S. ARM (Yes, no, ar unknown) (If yes give v		OCIAL SECURITY NO. 17. II	TWSE WO	LF - EASTON	MD,
	18. CAUSE OF DEATH (Enter	inly one couse per line for	(a), (b), and (c).)		,	INTERVAL BATWEEN NSET AND DEATH
		IATE CAUSE (a)	Johnstin	1) 111	muel	Jawy!
	Canditians, if any, which gave	DUE TO	when we have	- /		Grano
	rise ta immediate cause (a)	DUE TO	andrewei	rense		
	stating the underlying cause last.	(c)				
2	PART II. OTHER SIGNIFICANT CO		O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	CRIBE HOW INJURY OCCURRED. (Enter nature af injury in P	art I or Part II af item 18.)	1.0
	20c. TIME OF INJURY Month, Hour a.m. p.m.	Day, Year 20d. IN While at wark	Not While facto	E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City ar town) (C	caunty) (State)
	21. I certify that (I) saw the deceased a		ed the deceased fram	death accurred at a	2.35 AM, fram causes and an	
	220. SIGNATURE	n.Mms a	mele M.D	PHYS.	MED. STAFF 22b.	DATE SIGNED
1	22c. PHYSICIAN'S NAME (Type)	sent M.N	15 Donald M.	22d. ADDRESS E0510	my Md.	
	23a. BURIAL, CREMATION, REMOVAL (Specify)	b. DATE THEREOF	23c. NAME OF CEMETERY OR CO	SVILLE	23d LOCATION (City or Town)	(Caunty) (State)
0	24. FUNERAL DIRECTOR	10/1	ADDRESS . 11	2Sa. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
20	agan Lich	and Chus	ch Hull III	CLL DATE NO		00

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

Street of any updates desirable desirable services with a member of the services and the services are the services and the services are the services and the services and the services are the se G. Teller

16017

2		_ U U Act 1)		CERIIF	ICATE OF	DEATH			
		COUNTY To D	Orat	MARY	o. STA	L RESIDENCE (When	re deceosed lived, if institu nd b. CO	ution: Residence befo	ore odmission)
o dire	ŀ	CITY OR TOWN (If outside corpo		c. LENGTH OF STAY II		OR TOWN (If outside	e corporote limits, write R		
78		casta	us	1000	24-6	Federa	lsburg		05.7
78	7	NAME OF HOSPITAL OR INSTITUTION	ON (If not in hosp	pital, give street oddress)	d. STREE	R.F.D.	# 2		e. IS RESIDENCE ON A FARM? YES NO
	- 1	NAME OF DECEASED Type or print)	First	Billieter	11/7/			nth Do	y Year 19 6 7
	5. 5			RIED NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
П		Male Whit			- Hugus c	31,1899		Months Doys	Hours Min.
35	duri	USUAL OCCUPATION (Give kind of wing most of working life, even if retire	ed)	Ob. KIND OF BUSINESS OR INDUSTRY			ate, ar foreign country)	12. CITIZEN (COUNTRY	
	R	etired railroad	man & f	armer (Penna.		THER'S MAIDEN NAM		U.S.	Α.
	13.		Grayson	Wright		ra Tower			
		WAS DECEASED EVER IN U.S. ARMED s, no, or unknown) (If yes give wor		16. SOCIAL SECURITY NO.	17. INFORMAN	IT.	Add	fress	
	110	No (in year give wor	or doles or service,	219-07-6172	Mrs. Au	drey Lee	Hubbard, H	urlock, M	1d.R.D.#2
		1B. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED		ne for (o), (b), ond (c).)	0	0 -		0	NTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (o)	a cor	pulmo	nuce		2	
		Conditions, if ony, which gove	(b) C	anne olis	buctin	pulmm	y emplu	vam >	5 24-
		rise to immediate couse (a), stating the underlying couse	DUE TO			Ú-			V
		last.	(c)						
2	ATION	PART II. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUT	TING TO DEATH BUT NOT REL	ATED TO THE TERMIN	NAL DISEASE CONDITI	ON GIVEN IN PART 1(o)	19	P. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DECIFE EITHER, NOTIFY MEDICAL EXAMI	ATH	Ob. DESCRIBE HOW INJURY OF	CCURRED. (Enter notu	ire of injury in Port	1 or Port II of item 1B.)		
	MEDICAL	20c. TIME OF INJURY Month, Dor Hour o.m. p.m.	10	20d. INJURY OCCURRED While Not While of work	20e. PLACE OF INJU foctory, street,	RY (Home, farm, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
		21. I certify that (I) (1		trended the deceased	from// - 7	17 , 192	27, to 11-2	7, 1967, 1	that (I) (we) las
		saw the deceased alive	e on //	27 1967,0	and that deoth	occurred at 7	M, fram couses		
		220. SIGNATURE	Then 8	Come	M.D. ATTEN	DING MEL	ECTOR PHYS. [22b. DATE SIG	
1		22c. PHYSICIAN'S NAME (Type) Step	hen P. (Carney			Maryland	11/28	/
	230		DATE THEREOF	23c. NAME OF CEME	TERY OR CREMATOR	Υ .]	23d. LOCATION (City or 1	Town) (Coun	ty) (Stote)
			2-1-67	Junior Or	der Cemet		Preston,	Maryland	101
1	24	FUNERAL DIRECTOR		ADDRESS		2So. REC'D BY	REGISTRAR 25b.	REGISTRAR'S SIGNATI	UKŁ

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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